

Foster Family Home - Corrective Action Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

94-1496 Kahualoa Street

Waipahu

HI

96797

Review ID: 1-512401-6

Reviewer: Pamela Perry

Begin Date: 4/22/2020

Foster Family Home

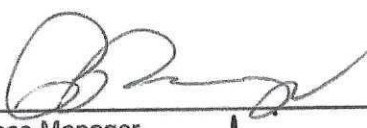
Required Certificate

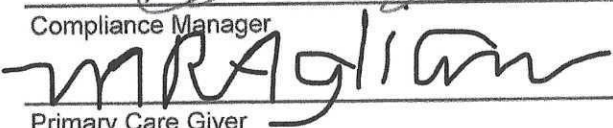
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home visit for a 3 person CCFFH recertification review made on 4/22/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/22/20
Date

5-6-20
Date